

Winning Smiles Scholarship Application

All fields must be completed in order to be considered. Please only use blue or black ink and write in English.

Date:		
First and Last Name of Applicar	nt:	
Preferred First Name or Nickn	ame:	
• • • • • • • • • • • • • • • • • • • •		'x7" photographs of the applicant. The photos must be t must be biting down all the way in all three photos.
1)Smiling photo with full fac	ce, all teeth visible from t	he front
2)Profile smiling photo show	wing full face, teeth visibl	e from the side
3)Close up from the front sh	nowing all upper and lowe	er teeth (retract cheeks with plastic spoons)
be from non-family members. This letter is a great opportuni candidate. Examples: commun	Examples: dentist, pasto ty for the reference to giv nity service, exceptional e	serves a scholarship are required. Reference letters mus or, teacher, counselor, etc. we the selection committee insight about the efforts, outstanding qualities, strong character. ————————————————————————————————————
School:		Grade:
Street Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	
Email Address:		
Parent or Legal Guardian's Emp	loyer:	
Annual Household Income: \$_	Numl	ber of People in Household:
Does applicant qualify for Medic	caid or Medicare? Circle o	one: Yes / No
Does applicant qualify for reduc	ed or free lunch program	? Circle one: Yes / No
Please only complete if applicar	nt is covered by dental in:	surance:
Insurance Company:		Policy Number:

Please have the applicant write why they feel they are an excellent candidate for a Winning Smiles Scholarship. Kindly limit the answer to the space provided below and write clearly.
Once completed, please mail both pages of the application, three required photos, and two reference letters to:
Winning Smiles Scholarship Foundation 102 Buckwalter Parkway Suite 3J, Bluffton, SC 29910
To be considered for the Winning Smiles Scholarship, the applicant must be between 9 and 16 years old, qualify for Medicaid/ Medicare/ free or reduced lunch, attend school, and live at home with a parent or legal guardian. This application must be signed by a parent or legal guardian in order to be considered. Applicant must not already be in orthodontic treatment. Candidates chosen for screening will be asked to provide verification of family income (such as last year's tax return or W2) to ensure Winning Smiles Scholarship financial requirements are met. All applications, photos, and supporting documentation will not be returned and shall become property of the Winning Smiles Scholarship Foundation. Limit one winner per family per year. Applications MUST be received by April 15th, 2026 to be considered for the 2025 scholarship cycle. Name of Person Submitting Application:
Relationship to Applicant:
Parent or Legal Guardian's Signature:
Printed Name: